



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 8984

Bib Data Sheet

SERIAL NUMBER 10/697,883	FILING DATE 10/31/2003  RULE	CLASS 349	GROUP ART UNIT 2871	ATTORNEY DOCKET NO. 29284/268
-----------------------------	---------------------------------------	--------------	------------------------	-------------------------------------

## APPLICANTS

Hideo Sato, Hitachi-shi, JAPAN;

Minoru Hoshino, Hitachi-shi, JAPAN;

Yuji Mori, Ibaraki-ken, JAPAN; Shinichi Komura, Sheffield, UNITED KINGDOM;

Yoshiharu Nagae, Hitachi-shi, JAPAN;

Ichirou Katsuyama, Hitachi-shi, JAPAN;

Tetsuya Nagata, Katsuta-shi, JAPAN;

Akira Arimoto, Kodaira-shi, JAPAN;

Akio Hayasaka, Higashiyamato-shi, JAPAN;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/192,152 07/11/2002 PAT 6,693,691  
which is a CON of 09/465,422 12/16/1999 PAT 6,437,842  
which is a CON of 08/485,157 06/07/1995 PAT 6,034,749  
which is a DIV of 08/132,412 10/06/1993 PAT 5,461,501

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 04-269961 10/08/1992

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/02/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance  Examiner's Signature _____ Initials _____	STATE OR  COUNTRY JAPAN	SHEETS  DRAWING 12	TOTAL  CLAIMS 2	INDEPENDENT  CLAIMS 2
--	--	----------------------------------	-----------------------------	--------------------------	--------------------------------

## ADDRESS

KENYON &amp; KENYON

Suite 700

1500 K Street, N.W.

Washington, DC

20005

## TITLE

LCD and projection type display using same

FILING FEE  RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other
-----------------------------------	---	---